

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002A Any Size Group - PPO
Product Name: Special Amedment
Project Name/Number: Amendment/34-158 10/12

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage
Product Name: Special Amedment
State: Arkansas
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.002A Any Size Group - PPO
Filing Type: Form
Date Submitted: 10/10/2012
SERFF Tr Num: HLAD-128721904
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 34-158 10/12

Implementation: On Approval
Date Requested:
Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/10/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
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Product Name: Special Amedment
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Filing Company: HMO Partners, Inc. d/b/a Health Advantage

General Information

Project Name: Amendment
Project Number: 34-158 10/12
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 10/10/2012
State Status Changed: 10/10/2012
Created By: Evelyn Laney
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Arkansas is state of domicile.
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Evelyn Laney

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form 34-158 10/12 for your review and approval if indicated.

This document amends the Eligibility Standards section of the Evidence of Coverage to include those who fail to work the required hours or weeks set out in the Evidence of Coverage. It was developed specifically for the Sound Craft group and will be used only for that group.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the Evidences of Coverage to which this amendment is attached. Please feel free to contact me at 378-2967 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
320 West Capitol, Ste 211 501-378-2165 [Phone]
Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

HMO Partners, Inc. d/b/a Health Advantage	CoCode: 95442	State of Domicile: Arkansas
320 West Capitol	Group Code:	Company Type:
Little Rock, AR 72203-8069	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0747497	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
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Retaliatory? No

Fee Explanation: \$50.00

Per Company: No

Company	Amount	Date Processed	Transaction #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	10/10/2012	63628752

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/10/2012	10/10/2012

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Disposition

Disposition Date: 10/10/2012
Implementation Date:
Status: Approved-Closed
HHS Status: HHS Approved
State Review: Reviewed-No Actuary
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 34-158 10/12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/10/2012	34-158 10/12	CERA	Amendment	Initial:	40.000	34-158 10-12(Sound Craft).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

The Health Advantage Evidence of Coverage is hereby amended to read as follows.

ELIBIGILITY FOR COVERAGE, “Subscriber’s Coverage” is hereby amended to add the following subsection.

- f. be a participant in the Arkansas Department of Workforce Services “Shared Work Unemployment Compensation Program” if he or she fails to work the required hours or weeks set out in subsection d.

GLOSSARY OF TERMS, Full-Time Employment is hereby amended to add the following subsection.

- 4. be a participant in the Arkansas Department of Workforce Services “Shared Work Unemployment Compensation Program” if he or she fails to work the required hours or weeks set out in subsection 3.

This amendment becomes a part of the Health Advantage Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.



David F. Bridges, President
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE
P.O. Office Box 8069, Little Rock, Arkansas 72203-8069

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/10/2012
Comments:			
Attachment(s):			
Flesch Certification Form HA, 34-158 10-12.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/10/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/10/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/10/2012
Bypass Reason:	Not PPACA related.		
Comments:			

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form Nos. 34-158 10/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.0 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Dail Brulje

Name

President
Title

October 10, 2012
Date